

ARIZONA DEPARTMENT OF HEALTH SERVICES
OFFICE OF CHILD CARE LICENSING

LOG OF ACCIDENT, INJURY, EMERGENCY, ILLNESS, INFESTATION, AND ABSENCE

Date	Time	Affected Child/Staff Name	Incident, Illness, Infestation	Location of Incident	Action Taken	Notification		Initials
						Time	Method	

PLEASE HIGHLIGHT IF ILLNESS HAS BEEN REPORTED TO THE COUNTY HEALTH DEPARTMENT

Accident = Unexpected occurrence that may or may not be an emergency that causes physical injury to a child and required attention by a staff member.

Emergency = Potentially life-threatening occurrence involving a child or staff member that requires an immediate response or medical treatment.

Illness = Physical manifestation or signs of any sickness or communicable disease such as pain, vomiting, rash, fever, discharge, or diarrhea.

RETAIN THIS FORM FOR 24 MONTHS FROM THE DATE OF THE CHILD'S DISENROLLMENT